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CONFIRMATION NO. 9760

SERIAL NUMBER 10/774,768	FILING DATE 02/09/2004 RULE	CLASS 385	GROUP ART UNIT 3761	ATTORNEY DOCKET NO. 9490
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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 05/07/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Examiner's Signature Initials	STATE OR COUNTRY OH	SHEETS DRAWING 6	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 1
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ADDRESS
 27752
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TITLE
 Absorbent article with handle

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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